

AGENDA**ITEM****NO. 7.i****LAFCO** *of Monterey County***LOCAL AGENCY FORMATION COMMISSION**

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KATE McKENNA, AICP
Executive Officer

DATE: September 28, 2009

TO: Chair and Members of the Formation Commission

FROM: Kate McKenna, AICP, LAFCO Executive Officer

**SUBJECT: PROGRESS REPORT ON LAFCO'S COMPREHENSIVE PROGRAM
FOR MUNICIPAL SERVICES REVIEWS AND SPHERE OF
INFLUENCE REVIEWS**

SUMMARY OF RECOMMENDATION:

It is recommended that the Commission receive this informational report.

EXECUTIVE OFFICER'S REPORT:**Background**

State law requires each LAFCO to update Service Reviews and Spheres of Influence for all cities and districts every five years. In April 2009, the Formation Commission approved a comprehensive work program to spread this work out in phases over several years. Phase One is a review of services and Spheres of Influences of all cities, fire protection providers and emergency medical service providers in Monterey County. The work program will be carried out by existing LAFCO staff with the cooperation of all local agencies.

Discussion

This is the first in a series of progress reports on LAFCO's review of services and Spheres of Influences of our cities and districts.

Phase One got underway this summer. In July and August, requests for information were sent to all cities, fire protection districts and emergency services providers. Please see Attachment

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2 for a sample cover letter and survey. Receiving the requests for information were 12 cities, 14 districts (all fire protection districts and other districts that provide fire protection and/or emergency medical services, including an airport district and several community services districts), and one County Service Area that provides countywide emergency medical services. In addition, we requested information from 7 government agencies that provide fire protection services but are not regulated by LAFCO, and 4 volunteer fire districts or companies.

To date, we have talked with almost all of the cities and districts and have received information from 14 of them. We know that most are actively working to respond to our requests for information. Please see Attachment 1 for the current status of requests and responses.

The information gathering task will be substantially done by the end of this year. Beginning next month, we will analyze the information received and follow up with one-on-one interviews. Writing the service reviews will begin by the end of this year, and eventually the Sphere updates will be prepared as well. We will coordinate with the local agencies on any required environmental reviews.

Administrative drafts of our work products will be shared with each local agency. Public review drafts will be issued and set for hearings beginning in late Spring 2010 and continuing through December 2010.

Respectfully Submitted,



Kate McKenna, AICP
Executive Officer

Attachment:

- Attachment 1: Status of Requests and Responses, September 22, 2009
- Attachment 2: Sample Request for Information (Letter and Survey)

Attachment 1

LAFCO OF MONTEREY COUNTY
Service Review and Sphere of Influence Update
Materials Received
(Updated – 9/22/2009)

Cities: Part 1 – City Services

<input type="checkbox"/>	Carmel-by-the-Sea	<input checked="" type="checkbox"/>	Monterey
<input checked="" type="checkbox"/>	Del Rey Oaks	<input type="checkbox"/>	Pacific Grove
<input type="checkbox"/>	Gonzales	<input checked="" type="checkbox"/>	Salinas
<input type="checkbox"/>	Greenfield	<input type="checkbox"/>	Sand City
<input checked="" type="checkbox"/>	King City	<input type="checkbox"/>	Seaside
<input checked="" type="checkbox"/>	Marina	<input checked="" type="checkbox"/>	Soledad

Cities: Part 2 – Fire Protection & EMS

<input type="checkbox"/>	Carmel-by-the-Sea ¹	<input checked="" type="checkbox"/>	Monterey
<input checked="" type="checkbox"/>	Del Rey Oaks ²	<input type="checkbox"/>	Pacific Grove ³
<input type="checkbox"/>	Gonzales	<input checked="" type="checkbox"/>	Salinas
<input type="checkbox"/>	Greenfield	<input type="checkbox"/>	Sand City ³
<input checked="" type="checkbox"/>	King City	<input checked="" type="checkbox"/>	Seaside
<input checked="" type="checkbox"/>	Marina	<input checked="" type="checkbox"/>	Soledad

Notes:

¹ Contract with City of Monterey (partial) ² Contract with City of Seaside ³ Contract with City of Monterey

Fire Protection & Emergency Medical Response Svc.

<input type="checkbox"/>	Aromas Tri-County FPD ¹	<input type="checkbox"/>	Mission-Soledad FPD ⁵
<input checked="" type="checkbox"/>	Cachagua FPD ²	<input type="checkbox"/>	Monterey Peninsula Airport Dist.
<input type="checkbox"/>	Carmel Highlands ¹	<input type="checkbox"/>	North County FPD
<input checked="" type="checkbox"/>	Carmel Valley FPD	<input type="checkbox"/>	Pebble Beach CSD ¹
<input checked="" type="checkbox"/>	CSA 74	<input checked="" type="checkbox"/>	Salinas Rural FPD
<input type="checkbox"/>	Cypress FPD ¹	<input type="checkbox"/>	South County FPD ¹
<input checked="" type="checkbox"/>	Gonzales Rural FPD ³	<input type="checkbox"/>	Spreckels CSD ⁶
<input checked="" type="checkbox"/>	Greenfield Rural FPD ⁴		

Notes:

¹ Contract with CAL FIRE ² Includes Cachagua Volunteer Fire Co. ³ Contract with City of Gonzales
⁴ Includes City of ⁵ Contract with City of Soledad ⁶ Contract with Salinas Rural FPD

Other Agencies (Not regulated by LAFCO)

<input type="checkbox"/>	Big Sur VFB	<input checked="" type="checkbox"/>	San Ardo VFC
<input type="checkbox"/>	CAL FIRE	<input type="checkbox"/>	Spreckels VFC
<input type="checkbox"/>	Camp Roberts	<input type="checkbox"/>	U.S. Army – Presidio of Monterey
<input type="checkbox"/>	Correctional Training		
<input type="checkbox"/>	Facility (Soledad)	<input type="checkbox"/>	U.S. Bureau of Land Management
<input type="checkbox"/>	Ft. Hunter Liggett	<input type="checkbox"/>	U.S. Forest Service
<input type="checkbox"/>	Mid Coast VFC		

Attachment 2

LAFCO *of Monterey County*

LOCAL AGENCY FORMATION COMMISSION

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KATE McKENNA, AICP
Executive Officer

July 28, 2009

Artie Fields, City Manager
City of Salinas
200 Lincoln Ave.
Salinas, CA 93901

Subject: Request for Information –
Municipal Service Review and Sphere of Influence Update

Dear Mr. Fields

I am writing to request your assistance as we begin a review of the services and boundaries of the City of Salinas. This periodic undertaking is required pursuant to Government Code Sections 56425 and 56430. A current, legally adequate Municipal Service Review and Sphere of Influence are required before LAFCO can consider certain City requests for boundary changes. We will work closely with your City to accomplish these reviews.

To begin the process, I am requesting certain information about services and boundaries. Our questions are listed in the enclosed survey. Part One asks about general City services. Part Two asks about City fire protection and emergency medical services. Please designate a person or persons to coordinate the completion of the survey. The survey can be completed in paper form or we can send you an electronic version. Some of the information will be available in official City documents; we will be glad to receive the documents instead of your written answers to our questions.

We request that the completed survey be returned to us by **August 31**.

The Municipal Service Review will result in written statements by LAFCO regarding the City's expected growth boundaries, planned and present capacity of your City's public facilities, the adequacy of your City's public services, the financial ability of your City to provide services, opportunities for shared facilities and services, government structure and operational efficiencies. The Sphere of Influence review may result in a simple affirmation of the status quo Sphere of Influence of the City, or may result in changes to the Sphere. The actual result of the Sphere

review will depend on your City's needs, interests, internal timelines, readiness to initiate Sphere amendments, and consistency with local and state laws and policies.

We'll call next week to answer any questions that you or your contact person may have about the survey and the process, and to set up an introductory meeting if that would be helpful. After the survey is done or substantially done, we'll request a follow-up meeting to review and discuss the responses. With that information, we'll prepare administrative drafts of the Municipal Service Review and Sphere of Influence update and share those with you. Public review drafts will be considered at a public hearing and acted upon by the Local Agency Formation Commission. We will coordinate with your City through each step of the process.

I recognize the burden that this request for information places upon the City of Salinas in a time of severely diminished resources. You have my commitment that the approach we follow will accurately represent your City's information and produce beneficial results.

Thank you in advance for your time and cooperation.

Sincerely,



Kate McKenna, AICP
Executive Officer

Enclosure:

- Service & Boundaries Review – Request for Information:
 - Part One: General City Services and Boundaries
 - Part Two: City Fire Protection & Emergency Medical Response Services

cc: LAFCO Chair Simon Salinas and Members of the Commission (cover letter only)
(Kim Raddatz, Fire Chief (cover letter only))

LAFCO OF MONTEREY COUNTY

SERVICE & BOUNDARY REVIEW - REQUEST FOR INFORMATION

Part 1 - City Services

I. City Information	
A. Official Name of City	
B. Type of City	<input type="checkbox"/> Charter City <input type="checkbox"/> General Law City
C. City Website Address	WWW. .
D. Administrative Official	
1. Name	
2. Title (e.g. City Manager)	
3. Mailing Address	
4. Telephone	() - ext:
5. Fax	() -
6. E-mail	
E. LAFCO Liaison: Person who will coordinate responses to the questionnaire.	
1. Name	
2. Title	
3. Mailing Address	
4. Telephone	() - ext:
5. Fax	() -
6. E-mail	
II. Governance Information	
A. Describe the method of selecting the City Council; whether the Council is selected at-large or by geographical division, staggered terms; whether the Mayor is elected by the voters or selected by the Council, etc.	
B. Governing Body Members & Terms:	

1. Number of Members		
2. Terms of office in years (i.e., 2, 4, 6, etc.)		
C. Meeting Information		
1. Meeting Information Date (e.g., 1 st Tuesday each Month)		
2. Meeting Time		
3. Address (location of meetings)		
III. Services Provided		
Service Provision: Indicate which of the following types of services your City provides. If you contract with another City or agency to deliver the service, indicate the name of the provider.	Directly	Via Contract
A. Fire Protection / Emergency Medical Response (If you provide these services, please answer the questions in the City Fire Protection & Emergency Medical Response Services questionnaire)	<input type="checkbox"/>	<input type="checkbox"/> Provider:
B. Law Enforcement & Police Services	<input type="checkbox"/>	<input type="checkbox"/> Provider:
C. Community Services		
1. Cemetery Maintenance & Burial Services	<input type="checkbox"/>	<input type="checkbox"/> Provider:
2. Health care	<input type="checkbox"/>	<input type="checkbox"/> Provider:
3. Library Services	<input type="checkbox"/>	<input type="checkbox"/> Provider:
4. Parks, Recreational Facilities, Open Space	<input type="checkbox"/>	<input type="checkbox"/> Provider:
5. Recreation Programs	<input type="checkbox"/>	<input type="checkbox"/> Provider:
6. Resource Conservation	<input type="checkbox"/>	<input type="checkbox"/> Provider:
7. Airport	<input type="checkbox"/>	<input type="checkbox"/> Provider:
8. Marina, Harbor & Port Services	<input type="checkbox"/>	<input type="checkbox"/> Provider:
9. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/> Provider:
D. Solid Waste Services		
1. Trash collection	<input type="checkbox"/>	<input type="checkbox"/> Provider:
2. Recycling	<input type="checkbox"/>	<input type="checkbox"/> Provider:

	Directly	Via Contract
3. Trash transfer	<input type="checkbox"/>	<input type="checkbox"/> Provider:
4. Landfill operation	<input type="checkbox"/>	<input type="checkbox"/> Provider:
5. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/> Provider:
E. Street & Highway Services		
1. Street construction	<input type="checkbox"/>	<input type="checkbox"/> Provider:
2. Street maintenance	<input type="checkbox"/>	<input type="checkbox"/> Provider:
3. Street lighting	<input type="checkbox"/>	<input type="checkbox"/> Provider:
4. Street sweeping	<input type="checkbox"/>	<input type="checkbox"/> Provider:
5. Landscaping and landscape maintenance	<input type="checkbox"/>	<input type="checkbox"/> Provider:
6. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/> Provider:
F. Water Services		
1. Retail (potable) water	<input type="checkbox"/>	<input type="checkbox"/> Provider:
2. Wholesale (potable) water	<input type="checkbox"/>	<input type="checkbox"/> Provider:
3. Water treatment	<input type="checkbox"/>	<input type="checkbox"/> Provider:
4. Agricultural water	<input type="checkbox"/>	<input type="checkbox"/> Provider:
5. Water replenishment	<input type="checkbox"/>	<input type="checkbox"/> Provider:
6. Water conservation	<input type="checkbox"/>	<input type="checkbox"/> Provider:
7. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/> Provider:
G. Wastewater/Stormwater Services		
1. Sanitary Sewer collection	<input type="checkbox"/>	<input type="checkbox"/> Provider:
2. Sanitary Sewer treatment	<input type="checkbox"/>	<input type="checkbox"/> Provider:
3. Recycled/reclaimed water	<input type="checkbox"/>	<input type="checkbox"/> Provider:
4. Pump station maintenance	<input type="checkbox"/>	<input type="checkbox"/> Provider:
	Directly	Via Contract

5. Septic system monitoring and maintenance	<input type="checkbox"/>	<input type="checkbox"/> Provider:
6. Storm drain maintenance	<input type="checkbox"/>	<input type="checkbox"/> Provider:
7. Surface water disposal	<input type="checkbox"/>	<input type="checkbox"/> Provider:
8. Flood control	<input type="checkbox"/>	<input type="checkbox"/> Provider:
9. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/> Provider:
H. Other Services (Please Specify):		

Determination 1: Growth & Population Projections for the Affected Area

The need for, and patterns of, service provision should be determined by existing and anticipated growth patterns and population projections. This analysis will be used to determine whether the Sphere of Influence Boundaries reflect expected growth boundaries.

A. Please provide a reproducible map showing the City's current boundary and Sphere of Influence. If available, please provide an electronic GIS map of each diagram.	
B. Are your City's boundaries and Sphere of Influence adequate at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If no, please explain.	
C. Is your City currently considering an expansion of its Sphere of Influence or boundaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the potential future service areas.	
D. Are there areas your City currently serves or that are in your City's Sphere of Influence that might be served more efficiently by another agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the areas and which your City might be considered as a more efficient service provider.	
E. Do the services that your City provides overlap or duplicate those provided by another agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please describe the overlap or duplication.	
F. Does your City serve areas outside of your jurisdictional boundaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. If yes, please explain including type of service and location of areas.				
2. Do you have interagency agreements to serve specific customers?				
G. Are there areas that your City desires or plans to serve that are not now within its boundaries or Sphere of Influence?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
1. If yes, please provide a map showing the areas				
H. Are there adjustments to your City's boundaries that should be made?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
1. If yes, please describe what adjustments to your City's boundaries would be beneficial.				
City Population	Current	2015	2020	2025
I. Approximate population				
J. Approximate population at build-out and year				
K. Have changes in the population characteristics (e.g., persons per household or age of population, etc.) within the boundaries of your City resulted in challenges to providing services in an effective and efficient manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
1. If yes, please describe the challenge your City is facing.				
L. Are there any plans for development within or in proximity to your City that has or will impact your City's ability to provide services?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
1. If yes, please describe the impact upon your City.				
Determination 2: Present and Planned Capacity of Public Facilities and Adequacy of Public Services, Including Infrastructure Needs or Deficiencies <i>Refers to the status of existing and planned public facilities and its relationship to the quality and levels of service that are, can and need to be provided. Infrastructure needs and deficiencies can be evaluated in terms of supply, capacity, condition of facilities, and service quality with correlations to operational, capital improvement and finance plans..</i>				
Infrastructure				
A. What types of infrastructure does your City provide? Please provide a general inventory of the number and capacity of each type (e.g., offices and buildings, wells, pipelines, systems, vehicles, parks, etc.).	Please provide the inventory as an attachment to a hard copy of this questionnaire and as a separate PDF or WORD attachment to an electronic copy of the questionnaire.			
B. Identify any infrastructure and/or service that your City would consider inadequate or deficient.				

C. What plans does the City have for expanding or acquiring new infrastructure for replacement, upgrades and/or service expansion?	
Service Provision & Demands	
D. Does your City set goals that apply to the effective and efficient provision and delivery of city services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please specify those goals.	
E. Are the actions of your City guided by a Strategic Plan that sets objectives and actions that address the provision and delivery of services within the City's functional units or departments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please provide a list of these objectives for each applicable functional unit.	
F. Does your City prepare service demand projections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please explain how the service demand projections are prepared.	
G. What regulatory issues or other challenges confront the service needs or service demands of your City in the next 12 months? In the next five years?	
H. Identify any functional or geographic areas having current unmet service needs.	
I. Does your City have any other current or anticipated service needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please briefly explain.	
Determination 3: Financing Ability of Agencies to Provide Service	
<i>A community's public service needs should be viewed in light of the resources available to fund the services..</i>	
A. Please provide the following:	
1. Most recent adopted Fiscal Year Budget. 2. Two (2) most recent Comprehensive Annual Financial Reports (CAFR), if available. 3. Rate schedule, if applicable.	
B. Describe the funding sources that your City utilizes to provide services within the City's service area.	
C. Has your City experienced an increase or decrease in revenue from its funding sources?	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change <input type="checkbox"/>
1. If there has been a decrease, please describe the impact a reduction in funding has had on your City and upon its ability to provide service.	
D. If your City depends on funding from a supplemental funding	

source (e.g., Sales Tax Measure), please specify the funding source and percentage of that funding that is allocated to the provision and delivery of services.	
E. Does your City collect development impact fees for new facilities and/or collect any other service charges for providing service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please describe.	
Capital Program / Infrastructure Needs Information	
F. Does your City have a capital improvement program? Please provide a copy if available or identify a website where it can be accessed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. List the primary sources of revenue anticipated for funding infrastructure needs in the next five years.	
H. What actions has your City taken in the last five years to save money, lower expenses or improve services at the same cost?	
I. What cost saving plans do you envision for the future?	
Financial Ability to Provide Service	
J. Is your City facing revenue and operating constraints that affect the level of service and condition of infrastructure of the City?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please describe the revenue and/or operating constraints that affect the level of service and/or condition of infrastructure.	
2. Describe measures that your City is taking to address revenue and operating constraints.	
K. Does your City face funding constraints in meeting future service needs over the next 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please describe the funding constraints that your City faces in meeting future service needs.	
L. Describe any programmatic changes (e.g., new regulatory requirements) that have impacted your budget.	
Determination 4: Status of, and Opportunities for, Shared Facilities	
<i>The service review should identify opportunities for jurisdictions to share facilities and resources creating a more efficient service delivery system.</i>	
A. List or describe any joint functions with other cities or agencies that your City has instituted to improve services or reduce costs (e.g., joint purchasing with similar agencies, common maintenance, sharing staff, etc.)	
B. Does your City have any of the following cost saving mechanisms with other cities, agencies or other service providers? If yes, please provide a brief description.	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Joint Powers Authority (JPA)	
2. Memorandums of Understanding (MOUs)	
3. Training	
4. Dispatch	
5. Purchasing Agreements	
6. Equipment Sharing	
7. Vehicle Maintenance	
8. Insurance Pools	
9. Joint Funding	
10. Other:	
C. Does your City provide services by contract to other cities or agencies? (If Fire Protection or Emergency Medical related, refer to the separate City Fire Protection and Emergency Medical Response Questionnaire)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the client agency(ies), type of service and geographic areas served in this manner.	
D. Does your City share facilities and/or equipment with another city or agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please provide the name of the city or agency and list the facilities and/or equipment that are shared.	
Determination 5: Accountability for Community Service Needs, Including Governmental Structure and Operational Efficiencies <i>The service review must consider the advantages and disadvantages of various government structures that could provide public services. Operational efficiency refers to the quality of public services and the agency's ability to provide services.</i>	
A. What actions should LAFCO analyze and consider to enhance the efficient provision of service by your City?	
B. Has your City been involved in a reorganization study with other service providers in the previous five years, or is your agency currently considering a reorganization study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes please explain.	

C. Has your City considered consolidation or reorganization with other agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, what issues have been drivers or deterrents to such changes? (If applicable, please provide copies of relevant studies on the reorganization that your agency has prepared and summarize the outcome).	
D. Does the City recommend any government or agency structure options such as consolidation or reorganization that could benefit service users?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes please explain.	
E. Does your City plan on annexing any new territory within the next five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please provide the name of the development project or provide a diagram of the territory proposed for annexation. During what time frame do you anticipate requesting the annexation?	
Determination 6: Any Other Matter Related to Effective or Efficient Service Delivery, as required by Commission Policy.	
A. Are there any new or pending state and/or federal laws, regulations or recently decided court cases that may affect your City's method of operation or ability to provide services in an effective and efficient manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please explain.	
B. During the next 5 years, what challenges does your City foresee to providing an optimum level of service while doing so in an effective and efficient manner? Please prioritize. (Note: The page will automatically advance as you type.)	1. 2. 3. 4. 5.

LAFCO OF MONTEREY COUNTY

SERVICE & BOUNDARY REVIEW - REQUEST FOR INFORMATION

Part 2 - City Fire Protection/Emergency Medical Response Services

I. General Information	
A. City / Department Name	
B. Website or Link, if City Website	WWW.
C. LAFCO Liaison: Person who will coordinate responses to the fire protection & emergency medical response questionnaire.	
1. Name	
2. Title	
3. Mailing Address	
4. Telephone	() - ext:
5. Fax	() -
6. E-mail	
II. Services	
<p>A. Fire Protection Service Arrangement. Does your City provide fire protection services?</p> <p><i>(Note: If service is provided via contract, please provide a copy of the contract with your response)</i></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> The City provides fire protection service by our own staff.</p> <p>Yes <input type="checkbox"/> The City contracts with another City or agency for fire protection service.</p> <p>1. Service Provider:</p> <p>2. Contact Name:</p> <p>3. Contact Phone: () - ext:</p>
<p>B. Emergency Medical Service Arrangement. Does your City provide emergency medical services?</p> <p><i>(Note: If service is provided via contract, please provide a copy of the contract with your response)</i></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> The City provides emergency medical service by our own staff.</p> <p>Yes <input type="checkbox"/> The City contracts with another City or agency for emergency medical service.</p> <p>1. Service Provider:</p> <p>2. Contact Name:</p> <p>3. Contact Phone: () - ext:</p>

C. Service Map. Please provide a map indicating the first-response area for each fire station or emergency medical response facility in your service area. If available, provide an electronic version of the map as well.

1. Please indicate how map is being provided:

☐ Not applicable because there is only one fire station

☐ Print copy

☐ Electronic Copy

D. Service Description. For each of the following services, indicate whether your City provides the service directly within your boundaries, whether another agency provides that service within your boundaries under contract, or whether your City provides that services outside your boundaries to other agencies.

Service	Self Service within Agency Boundaries	Contract Service within Agency Boundaries	Agency Provides this Service Externally
1. Fire Suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Technical Rescue Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Water Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Urban Search & Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Emergency Medical Service 1 st Response – Basic Life Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Emergency Medical Service 1 st Response – Advanced Life Support (Paramedic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Ambulance Transportation – Basic Life Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ambulance Transportation – Advanced Life Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ambulance Non-Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Vegetation Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Fire Code Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Fire Code Permitting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Haz Mat Administering Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Construction Plan Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Fire Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Public Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Community Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Other (Please Specify):

E. **Hazardous Materials.** Indicate how emergency response for hazardous materials is provided.

- ☐ Not Applicable
- ☐ Direct. The City provides its own hazardous materials team.
1. Annual Cost?
- ☐ Contract. The City contracts with another provider for hazardous materials team response.
1. Provider?
2. Annual Cost?

F. **Dispatch Services.** Indicate how dispatch service is provided.

- ☐ Not Applicable
- ☐ Direct. The City provides its own dispatch service.
1. Annual Cost?
2. Staffing (FTEs):
- ☐ Contract. The City contracts with another provider for dispatch services.
1. Provider?
2. Annual Cost?
3. Staffing (FTEs):

1. Are there areas where improvements or upgrades could be made as to dispatch?

Yes ☐ No ☐ Not Applicable ☐

2. If yes, please describe the areas where improvements or upgrades would prove to be the most beneficial.

G. Does your City provide wildland fire support?

Yes ☐ No ☐

1. If yes, please detail the type of service that is provided.

Determination 1: Growth & Population Projections for the Affected Area

The need for, and patterns of, service provision should be determined by existing and anticipated growth patterns and population projections. This analysis will be used to determine whether the Sphere of Influence Boundaries reflect expected growth boundaries.

NOTE: Questions and answers regarding Determination 1 are addressed in the City Services Questionnaire.

Determination 2: Present and Planned Capacity of Public Facilities and Adequacy of Public Services, Including Infrastructure Needs or Deficiencies

Refers to the status of existing and planned public facilities and its relationship to the quality and levels of service that are, can and need to be provided. Infrastructure needs and deficiencies can be evaluated in terms of supply, capacity, condition of facilities, and service quality with correlations to operational, capital improvement and finance plans.

A. For each fire station or other facility used to provide fire protection or emergency medical response, provide the following information. If completing this questionnaire manually, you may attach a separate sheet of paper with the information provided.

Station # / Name	Station Address	Date Acquired/Built	Facility Condition (Excellent, Good, Fair, Poor)	# Paid Staff / Classification	# Volunteers or Paid-Call / Reserves
/					
/					
/					
/					
/					

Condition:

Excellent = Less than 10 years old, minimal maintenance needed

Good = Reliable and require only routine maintenance

Fair = Non-routine renovations, upgrading and repairs are needed

Poor = Replacement or major renovation is needed

B. Is your City in the process of constructing additional fire protection or emergency medical facilities or do you have plans to construct such facilities in the future?

Yes ☐ No ☐

1. If yes, provide location, purpose, planned construction date, financing mechanism, map and cost for each new facility.

C. Does your City need new facilities or facility upgrades that have not been constructed due to financing or other constraints?

Yes ☐ No ☐

1. If yes, describe the area where new facilities are needed and explain the constraints that have prevented your City from building new facilities.

D. Are existing fire stations appropriately located or need to be relocated due to growth patterns, changes to traffic patterns or due to the stations close proximity to another station?

E. Please provide an inventory of the type of response vehicles at each facility that is used to provide fire protection or emergency medical response service.

F. Does your Department have an equipment/apparatus maintenance program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, how is the program funded?	
2. If no, how is equipment/apparatus maintenance accomplished?	
Service Provision & Demands	
G. Does your City set goals that apply to the effective and efficient provision and delivery of fire protection and emergency medical response service that you provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please specify those goals.	
H. Are the actions of your department guided by a Strategic Plan that sets objectives and actions that address the provision and delivery of fire protection and/or emergency medical response services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please provide a list of the objectives that are applicable to your department or functional unit.	
I. Does your City prepare service demand projections for fire protection and/or emergency medical response services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please explain how the service demand projections are prepared.	
J. Has your department prepared a Standards of Cover Study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please provide a copy of the study in hard-copy or PDF format, and provide a brief summary of the conclusions of the study.	
K. What regulatory issues or other challenges confront the service needs or service demands of your department in the next 12 months? In the next five years?	
L. Identify any functional or geographic areas that have current unmet fire protection and/or emergency medical response service needs.	
M. Does the region or the City have any other current or anticipated service needs that are applicable to fire protection and/or emergency medical services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please briefly explain.	
Service Workload & Response Time	
N. Does your City have an emergency response plan? If yes, please provide a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

O. Provide the annual number of 1) fire, 2) medical and 3) false alarm incidents by service area for year-2008.		
P. What is the ratio of service calls per capita?		
Q. Provide your City's adopted target fire and ambulance and hazardous materials response times and average response times.	Target Response Time (minutes)	Percent of Time Target is Met (percent)
1. Fire Suppression - Structural		%
2. Fire Suppression - Vegetation		%
3. Paramedic / Emergency Medical		%
4. Rescue		%
5. Hazardous Materials		%
6. Other (Please Specify):		
R. Please indicate time period to which average response time refers and whether it is based on all dispatched calls or a sample of calls.		
S. Do your City's response times differ greatly from those of neighboring jurisdictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. If yes, please identify the reason(s) for the difference		
T. Indicate whether there are geographic areas within your service area for which your City has unusually long response times or frequently relies on mutual aid agreements.		
1. Explain the barriers that your agency faces in serving these areas.		
U. Insurance (ISO) Rating. Provide your current ISO fire suppression Public Protection Classification (1-10).		
V. Has your City received or applied for Center for Public Safety Excellence (CPSE) accreditation?		
Determination 3: Financing Ability of Agencies to Provide Service <i>A community's public service needs should be viewed in light of the resources available to fund the services..</i>		
NOTE: Questions and answers regarding Determination 3 are addressed in the City Services Questionnaire.		

Determination 4: Status of, and Opportunities for, Shared Facilities

The service review should identify opportunities for jurisdictions to share facilities and resources creating a more efficient service delivery system.

A. List or describe any joint functions with other cities or agencies that your City has instituted to improve services or reduce costs associated with the provision of fire protection and/or emergency medical services (e.g., joint purchasing with similar agencies, common maintenance, sharing staff, etc.)	
B. Does your City maintain mutual aid agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the agency(ies), type of service and areas served in this manner.	
C. Does your City maintain automatic aid agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the agency(ies), type of service and areas served in this manner.	
D. Does your City have any of the following cost saving mechanisms with other cities, agencies or other service providers that are applicable to fire protection and/or emergency medical services? If yes, please provide a brief description.	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. Joint Powers Authority (JPA)	
2. Memorandums of Understanding (MOUs)	
3. Training	
4. Dispatch	
5. Purchasing Agreements	
6. Equipment Sharing	
7. Vehicle Maintenance	
8. Insurance Pools	
9. Joint Funding	
10. Other:	
E. Does your City provide fire protection and/or emergency medical services by contract to other cities or agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, please identify the client agency(ies), type of service and geographic areas served in this manner.	
F. Does your City share fire protection and/or emergency medical facilities and/or equipment or apparatus with another city or agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. If yes, please provide the name of the city or agency and list the facilities and/or equipment or apparatus that are shared.	
Determination 5: Accountability for Community Service Needs, Including Governmental Structure and Operational Efficiencies <i>The service review must consider the advantages and disadvantages of various government structures that could provide public services. Operational efficiency refers to the quality of public services and the agency's ability to provide services.</i>	
A. What actions should LAFCO analyze and consider to enhance the effective and efficient provision of fire protection and/or emergency medical response services by your City?	
B. Has your City been involved in a reorganization study with other service providers in the previous five years, or is your agency currently considering a reorganization study, which is applicable to fire protection and/or emergency medical services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes please explain.	
C. Has your City considered consolidation or reorganization with other agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes, what issues have been drivers or deterrents to such changes? (If applicable, please provide copies of relevant studies on the reorganization that your City has prepared and summarize the outcome).	
D. Are there structural reorganizations such as consolidation that your City feels should be evaluated? Examples or reorganizational structures include: 1) Functional Consolidation: Merging of resources, which remain the property of the parent organization yet, are used by the "functionally consolidated" departments as though they were property of a single department. 2) Partial Consolidation: Separate fire departments are retained, and a special agreement is formed to handle specific challenges. For example, a share staffing of a fire station that serves more than one jurisdiction. 3) Operational Consolidation: Separate fire departments that have similar staffing levels and run the same kinds of calls are combined into one unified department. 4) Merger: A large department absorbs a small department, resulting in a single entity.	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. If yes please provide your ideas for the type of reorganization that should be evaluated.	

Determination 6: Any Other Matter Related to Effective or Efficient Service Delivery, as required by Commission Policy.

A. Are there any new or pending state and/or federal laws, regulations or recently decided court cases that may affect your City's method of operation or ability to provide fire protection and/or emergency medical services in an effective and efficient manner?

Yes ☐ No ☐

1. If yes, please explain.

B. During the next 5 years, what challenges does your City foresee to providing an optimum level of fire protection or emergency medical services? Please prioritize

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.